



Telehealthdocs

Medication List

	What I'm taking	Form (pill, injection, liquid, patch, etc.)	Dosage	How Much and When	Use (regularly or occasionally)	Start/Stop Dates (0/0/00-0/0/00) (0/0/00- ongoing)	Notes, Directions, Reasons for Use
	* Be sure to include ALL prescription drugs, over-the-counter drugs, vitamins, and herbal supplements						
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